



TOWN OF FRIDAY HARBOR  
Post Office Box 219 • Friday Harbor, Washington 98250  
(360) 378 – 2810 • FAX: (360) 378 – 2380  
[www.fridayharbor.org](http://www.fridayharbor.org)

## **Application for Reduced Utility Rates**

### **Low Income Senior Citizen and Disabled Citizen**

Reduced utility base rates charged for water, sewer, stormwater and refuse services are available for low-income senior citizens and disabled citizens as defined in FHMC Chapter 13.32. Base fees are reduced by 50% for any person who is eligible and been approved through the application process. Consumption charges are not eligible for a reduction. Applications must be filed annually. Renewal reminders will be sent to applicants during the first quarter of the year.

#### Eligibility Requirements:

- 1) Must be 62 years of age or older – OR – a disabled citizen (disability benefits must be for 12 or more consecutive months).
- 2) The residential dwelling shall be the applicant's principal place of residence. The applicant may be the owner, contract purchaser, or lessee.
- 3) Residential dwelling must be connected to utilities provided by the Town.
- 4) Residential dwelling must be individually serviced by a single water meter.
- 5) The applicant must be responsible for payment of utility services.
- 6) Annual household income may not exceed 50% of the Average Median Income for Friday Harbor. The 2021 median income is \$57,885; program limit is currently \$28,942.50 or less.

#### Exceptions and Limitations: Base Rate Reductions are not available for the following:

- A. To any person who resides in federally subsidized housing.
- B. To any low income disabled citizen scheduled to receive disability benefits for less than 12 consecutive months.
- C. A base rate reduction shall not be available to more than one person per household and no person may claim more than one residential dwelling unit during the same billing period.

#### Application Process:

Any person wishing to establish their eligibility for the base rate reduction shall submit an application with required documentation to the Finance Director.

Base rate reductions are in effect from the billing month it is accepted through approximately April of the next year. Eligibility may be re-established through the renewal process that occurs before Tax Day. Renewal applications require the same proof of income as the initial application process and proof of disability (if applicable).

If applying as a senior citizen, proof of age is required for the initial application. If applying as a disabled citizen, proof of disability status is required for initial application and all renewal applications.

Proof of income is required for all applications. Documents required for the application process include:

- Prior year's income tax form 1040 – OR –
- Social Security Statement AND
- (3) Bank Statements

#### How to Submit Application and Documentation:

- In Person: Town Hall, Finance Office, 60 Second St, Friday Harbor, WA 98250
- Mail: PO Box 219, Friday Harbor, WA 98250
- Fax: (360) 378-2380



## Renewal Application for Reduced Utility Rates

### Low Income Senior Citizen and Disabled Citizen

Applicant Name:	Application Date:
Applicant Mailing Address:	Applicant Telephone No.:
Physical Address (if different from above):	Town Utility Acct. No.:
Owner Name (if different from Applicant):	Owner Telephone (if different from Applicant):

**Primary Information:** To qualify for the Town of Friday Harbor base rate discount for low income senior and disabled citizens, the applicant must meet all criteria, and **RENTERS MUST HAVE LANDLORD FILL OUT NUMBER 6**. Please provide documentation as directed below.

**1.) Program Eligibility Type & Documentation:** For the purposes of this program, please select which type of citizen you qualify for. Attach supporting documentation as described.

- Low Income Senior Citizen – Must be 62 years of age or older.  
 (1) of the following documents has been provided previously (not required to provide again):  
 Birth Certificate, WA Drivers License, WA Identification Card, or Social Security Statement.
- Low Income Disabled Citizen – (1) a person qualifying for special parking privileges under RCW 46.16.381(1)(a) through (f); (2) a blind person as defined in RCW 74.18.020; or (3) a disabled, handicapped or incapacitated person as defined under any other existing state or federal program. Disability benefits must be received for 12 or more consecutive months.  
  
**Attach** a Social Security statement or any other benefits for that disability from any existing state or federal program.

**2A.) Income Eligibility & Income Documentation:** For the purposes of this program, the income eligibility threshold is based on 50% of the median household income for Friday Harbor. The 2021 Decennial Census lists the median household income at \$57,885. To be eligible for this program, the income requirement is \$28,942.50 or less annually per household. Income is required to be disclosed for everyone over the age of 18 for residences with combined household incomes.

Income Documentation Attached to Application:

- Prior year's income tax form 1040
- OR –
- Social Security Statement AND
- (3) Previous Month's Bank Statements



2B.) **Sources of Household Income:** List all sources of income for you, your spouse, and that of any other tenants living in the home.

	Your Income	Spouse Income	Tenant Income
Retirement Income:			
Social Security Benefits:			
Disability Benefits:			
Investment Income:			
Interest Income:			
Capital Gains:			
Net Rental Income:			
Other: _____			
Other: _____			
Other: _____			
<b>Total Income:</b>			

3.) **Supplemental Information:** Please provide the following information by checking the appropriate boxes.

Check appropriate box(es)		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you reside in federally subsidized housing? If so, what subsidies do you receive? _____
<input type="checkbox"/>	<input type="checkbox"/>	If disabled, are your benefits being received on a temporary basis? If so, how long? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the residence share a water meter with another residence? If so, explain how? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone else, over the age of 18, contribute to the household income? If so, who? (Income disclosure and proof may be required, see above.) _____



<p>4.) <input type="checkbox"/> <b>Rental Unit</b>          (Completed by <b>owner</b> if you are a <b>tenant</b>.)</p>	<p><b>Owner Statement:</b> I understand that as the owner of this property, I am responsible for the water, sewer, stormwater and refuse bill and that this discount is designed to assist the renter, not the owner. I certify that I have a written agreement with my tenant that stipulates the tenant pay the utility bill or that I agree to reduce the tenant's rent by the amount of the rate reduction. <b>I will also notify the Town if this tenant moves out of the residence at the above address.</b> Starting at move out, any invoices that are billed at the reduced rate in error will be adjusted to the regular rates upon realization of incorrect billing.</p> <p>Signature: _____ Date: _____</p> <p>Name: _____ Phone: _____</p>
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5.) **Applicant Statement.** I depose and state for the purpose of the following claim for low income senior/disabled citizen utility rates in the Town of Friday Harbor, that this income figure of \$\_\_\_\_\_ includes all earned income, including that of any spouse or co-tenant, as well as retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from real estate. My assets do not exceed the above-indicated amount for 50% of the median household income for Friday Harbor or \$28,942.50, exclusive of one primary residence for which I hereby make application for a utility rate reduction. I will notify the Town if I move out of this residence or anticipate a change in my benefits. I understand that I will be required to renew this application on a yearly basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<input type="checkbox"/> Approved: Application meets the criteria of the program. <input type="checkbox"/> Denied: Application does not meet the criteria of the program.	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Finance Director</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	Finance Director	Date
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